

MAIL TO:
Georgia Department of Revenue
Withholding Tax Section
P. O. Box 49431
Atlanta, GA 30359

**NOTICE OF INTENTION TO CLAIM
WITHHOLDING TAX BENEFIT**

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Federal Employers I.D.: _____ Georgia Withholding I.D.(s): _____

Qualifying Tax Credit: () Headquarters Job Tax Credit
 () Job Tax Credit
 () Film Tax Credit

Tax Year of Corporate Return on which credit claimed: _____

Anticipated Date of Filing: _____

For Headquarters Job Tax Credit OR Job Tax Credit only:

Year Jobs Created: _____ County / Tier Jobs Created: _____

☐ As a flow through entity (S-Corp, Partnership, LLC, etc.) we make an irrevocable election to qualify for the withholding tax option. (Note: For purposes of the Job Tax Credit, this election is limited to the \$3,500 credit amount per eligible employee, which may be applied to withholding.)

Whereas the aforementioned company has established a qualified tax credit to be applied to its Georgia Income Tax liability, and whereas the credit exceeds the income tax liability, notice is hereby given of the company's intent to claim the excess of the income tax credit as an offset to its Georgia Withholding Tax payments paid under the provisions of Code Section 48-7-103.

Offsets to Withholding Tax payments may begin on the date specified by the Department in the Confirmation of Intention to Claim Withholding Benefit letter, which the Department will issue within 90 days of receiving the Qualifying Year's Georgia Income Tax Return or the due date of the return, whichever is later.

Date

Contact Person

Title

Phone Number

E-Mail Address